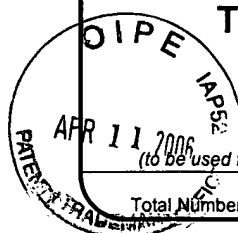


TFN 3626

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                   |
|--|-------------------|
| Application Number                       | 10/008,488        |
| Filing Date                              | 11/05/2001        |
| First Named Inventor                     | Siegfried K. Holz |
| Art Unit                                 | 3626              |
| Examiner Name                            | Russell S. Glass  |
| Attorney Docket Number                   | P-1783            |
| Total Number of Pages in This Submission | 12                |

## ENCLOSURES (Check all that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks<br>Please enter the enclosed amendment in the official file.   |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                            |          |        |
|--------------|----------------------------|----------|--------|
| Firm Name    | Charles J. Prescott, P.A.  |          |        |
| Signature    | <i>Charles J. Prescott</i> |          |        |
| Printed name | Charles J. Prescott        |          |        |
| Date         | 4.6.06                     | Reg. No. | 30,316 |

## CERTIFICATE OF TRANSMISSION/MAILING

|   |                            |      |        |
|---|----------------------------|------|--------|
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| Signature   | <i>Charles J. Prescott</i> |      |        |
| Typed or printed name   | Charles J. Prescott        | Date | 4.6.06 |

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Appl 10/008,488  
Amtd dated April 6, 2006  
Reply to Office Action of January 27, 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

App. No. : 10/008,488  
Applicant : Siegfried K. Holz  
Filed : 11/05/2001  
Title : Prescription Fulfillment System and Method

TC/A.U. : 3626  
Examiner : Russell S. Glass

Docket No. : P-1783

Honorable Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action of January 27, 2006, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.